

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | B.M. | | 10-16-01 |
| O.I.P.E. CLASSIFIER | | 47 | 10/25/01 |
| FORMALITY REVIEW | W | 503 | 11-14-01 |
| RESPONSE FORMALITY REVIEW | | | |

BEST AVAILABLE COPY

INDEX OF CLAIMS

| | | | |
|---|-------------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| — | (Through numeral)... Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

| Claim | Date |
|-------|-----------------------------|
| 1 | Final Original 5/4/01 |
| 2 | ✓ |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

JCS/11
11/14/01